SCANCELL

DEVELOPING ANTIBODIES AND VACCINES FOR CANCER

Positive Clinical Data for SCIB1 from first stage of Phase 2 SCOPE study

19 September 2023

LSE: SCLP.L

Scancell at a glance

USP: Novel targets in immuno-oncology

World-leader in antibodies and vaccines

- **Clinical stage company** with two cancer vaccines in the clinic
- **Groundbreaking science** leads to validated preclinical results and rapid entry into the clinic
- **Strong patent position**: 19 patent families
- **Impressive early clinical results** for ‘end of the road’ cancer patients with unmet needs

Specialist investor backing and strong financial position

- **AIM listed** and backed by blue chip specialist biotech investors (Redmile Group (29.4%), Vulpes 14%))
- **Well-funded** with cash through to H2 2024, with £85m raised to date, £48m in the last 3 years
- **Active licensing discussions ongoing** further to the licensing deal with Genmab for one of our five mAbs – milestones of up to $624m and single digit royalties

Experienced team focused on delivery

- **Experienced board, leadership and skilled scientific teams** with a track record of delivering multiple ‘in-house’ and clinically and commercially validated assets
- **Lean focused organisation:** 61 employees focusing on achieving milestones for lead candidates
- **Expanding commercial and clinical development capability** in-house to drive products forward in efficient timelines

Scancell development highlights

Clinically validated vaccine and antibody technology platforms with multiple value drivers

Non-personalised cancer Vaccines

Vaccine platform 1(SCIB1 from Immunobody®):

- Impressive phase 2 **early efficacy data** obtained on the first 11 evaluable patients treated with a combo vaccine/CPIs in cutaneous melanoma showed an **82% objective response rate (ORR) to treatment**
- No toxicity from SCIB1 alone or when added to CPI treatment
- These results **are so strong there is a greater than 90% probability they will be confirmed** in the larger patient cohort H1 2024.
- Potential to become the new benchmark for unresectable metastatic melanoma treatment (a $1.5bn market)

Vaccine platform 2 (Modi-1 from Moditope®):

- Currently in Phase 2 trial for Head and Neck and Renal Carcinoma (two strong unmet medical needs)
- 11 patients are ongoing treatment
- Results with MODI-1 with checkpoint inhibitors are expected in 2024

Antibodies

- A source of non dilutive cash with out licensing opportunities for a range of antibodies
- Interest expressed by 3 biotechs for ADC and CART applications.
- Validated by Genmab in a $624M license agreement for one of the antibodies to treat one of the most difficult cancer: pancreas

Revenues from preclinical antibody platform partially de-risks the business model by providing non dilutive cash

SCIB1 for unresected metastatic melanoma

Stimulating potent killer T cells

Oncology Vaccine Overview

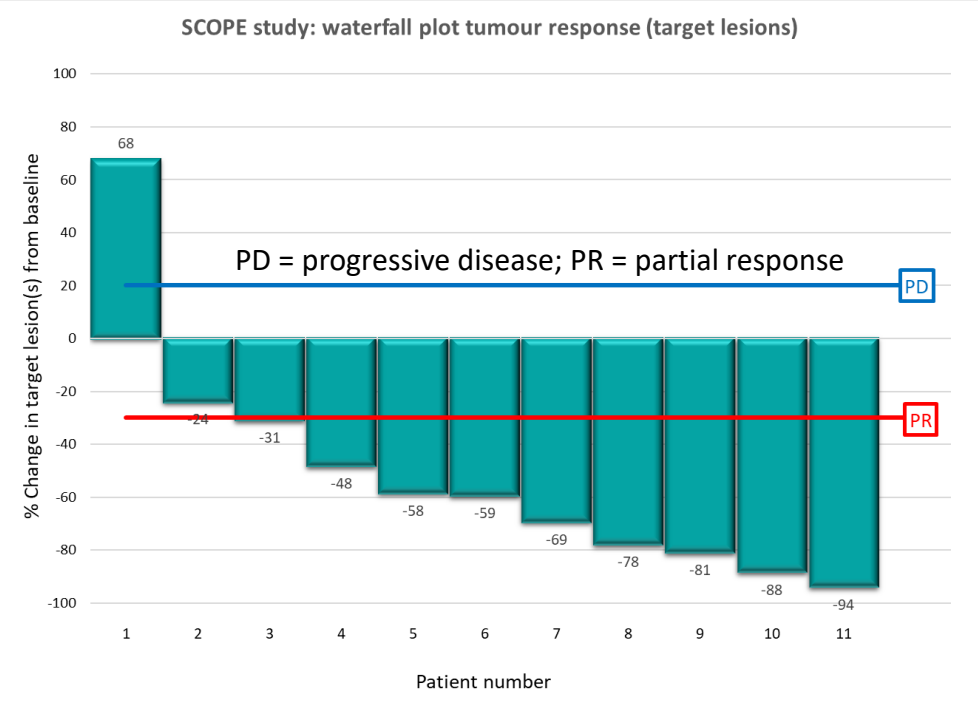
- **Personalised mRNA vaccines (e.g., Moderna, BioNTech) pose economic and technical challenges**
  - Not off the shelf, several weeks to prepare, need a biopsy, adding to cost to make and distribute
  - Uses multiple unvalidated epitopes which limits efficacy

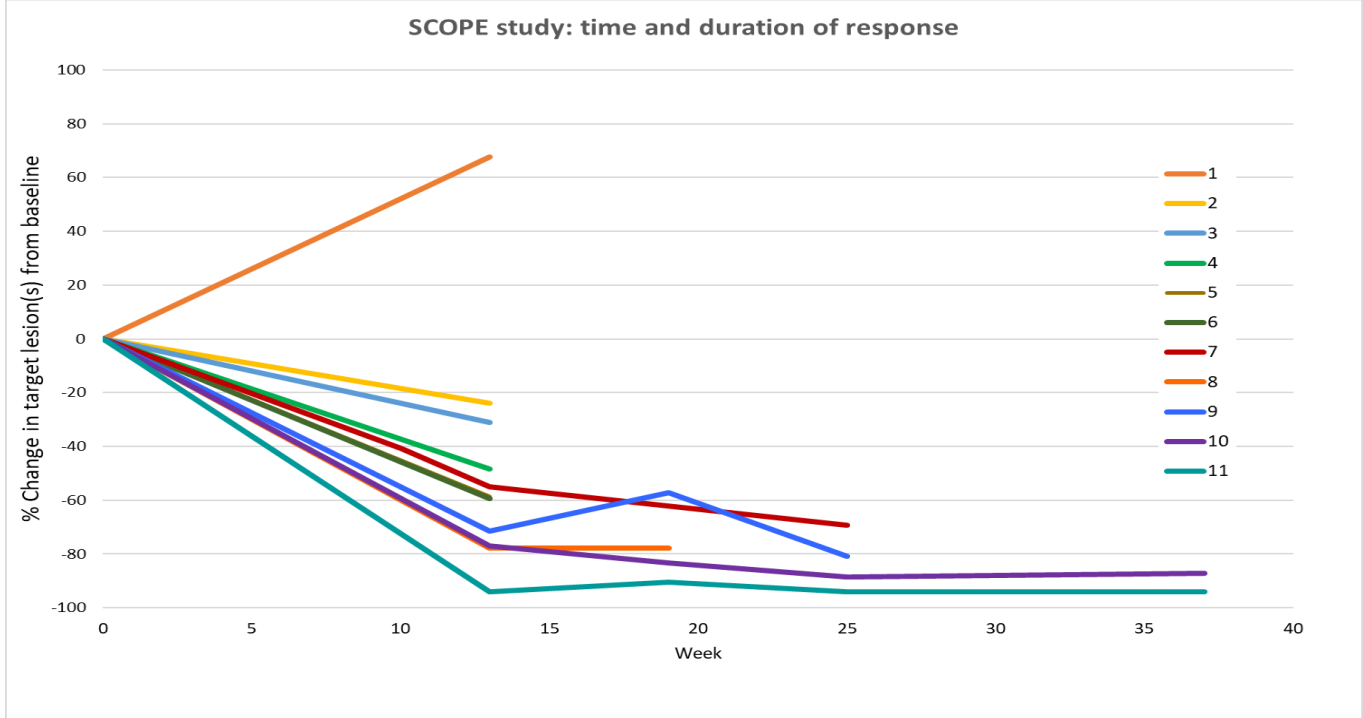
- **Scancell's DNA vaccine technologies unlock potential for a universal cancer vaccine**
  - A DNA vaccine inducing potent cytotoxic CD8 T cell responses against multiple epitopes with a dual mechanism of action – attacking cancer on multiple fronts
  - Direct and indirect Fc targeting of activated dendritic cells
  - **Limited toxicity** from SCIB1 alone or when added to CPI treatment
  - **Off the shelf,** 'easy' to make and distribute, to be used in unresectable melanoma, pricing flexibility
  - **Needle free** delivery: patient's favourite

- **Improved efficacy in combination with CPI therapy… riding the tail of the leaders**
  - Synergy (not competition) with immunotherapies and checkpoint inhibitors (CPI market size predicted to be >$50 billion by 2027*)
    - CPIs open up immune access to the tumour
    - Scancell vaccines boost the immune system to attack the exposed tumours

*Source: Market Data Forecast report January 2022

Clinical results from SCOPE study- SCIB1 in combination with CPIs





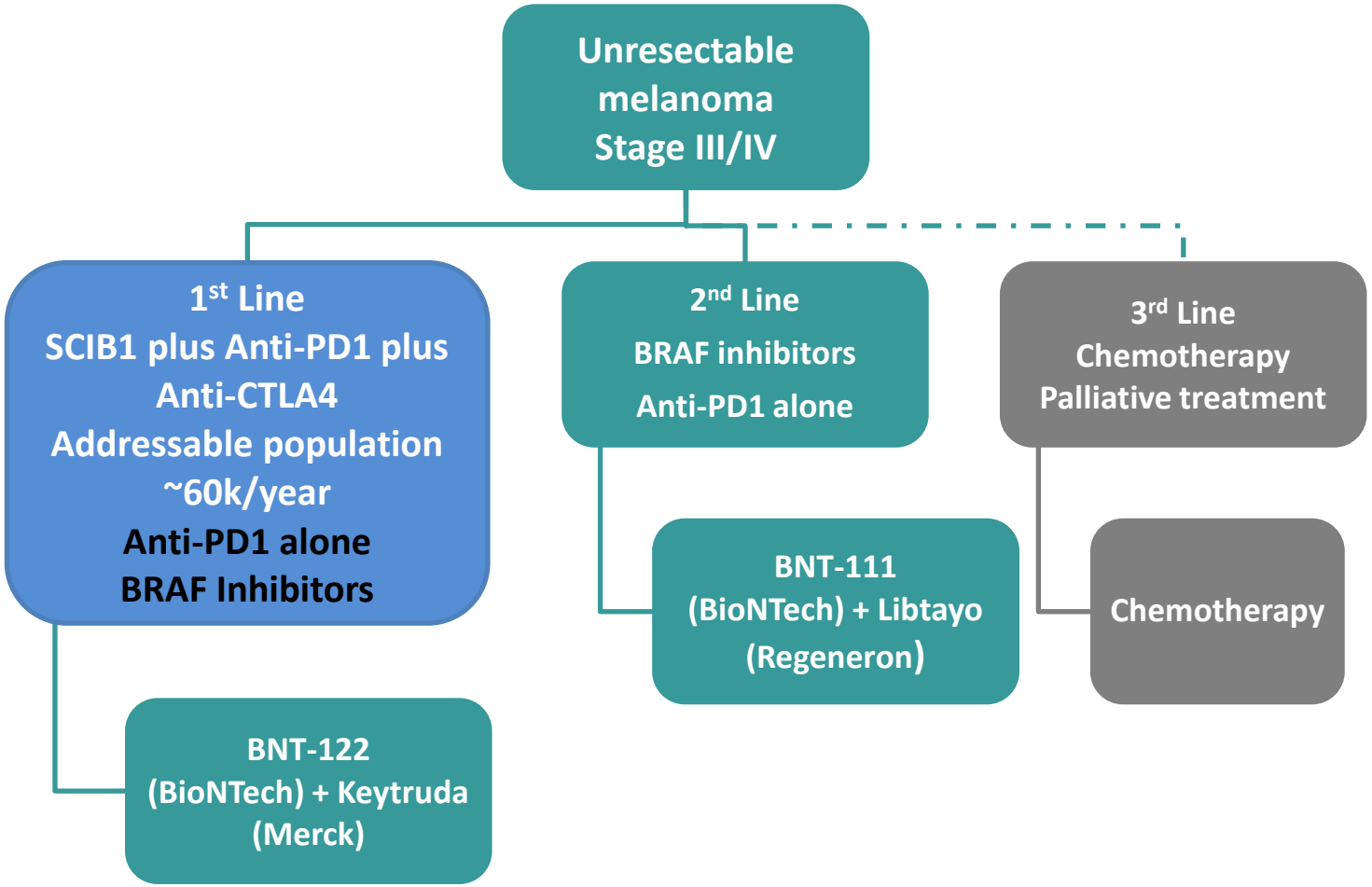
From the 11 first patients recruited and analysed so far:

- 9/11 patients have shown a response
- The ORR of 82% is better than the planned response of 70% for this trial
- The responses are durable
- To our knowledge no other combination is showing this response rate

Why should we get excited about… 11 patients?

- Recruitment is strong because of high demand from investigators
- 9 responders allows us to declare non-futility i.e. we should proceed
- Literature shows that CPIs alone give a 50% ORR in the real-world setting and not the 82% seen here
- An earlier study using SCIB1 monotherapy showed clinical activity
- Greater than 90% probability of replicating this data in the full cohort of 43 patients
- Potential $1.5bn market opportunity

Clinical development landscape – unresectable melanoma



- Moderna and BioNTech are not targeting the same market. They are in resectable melanoma or first or second line in combination with anti-PD1
- Unresected melanoma treated with double checkpoint anti-PD1 and anti-CTLA-4 but only a 50% response rate
- We have shown that SCIB1 plus double checkpoints gives an 82% response rate

BNT-122 = autogene cevumeran

BNT-111 = FixVac

SCIB1 development plan in melanoma

SCIB1 is now ready to pursue the unresected melanoma market

- **SCIB1 is being developed in cutaneous melanoma –compelling efficacy data**
  - Post resection patients: 95% disease-free survival (DFS) at 12 months and 88% at 5 years
  - Unresected patients: 60% stable disease
  - **Unresected patients in combination with double CPIs: 82% ORR**

  iSCIB1+ second generation technology is the next best thing :
  - No HLA screening, can access 100% of the addressable market
  - AvidiMab® modification increases potency and gives 15 years extended patent protection
  - Very little risk of iSCIB1+ not working as it the same as SCIB1 but with more epitopes expressed by melanoma
  - A study amendment has been submitted to the MRHA to add a new cohort of iSCIB1+ patients to the SCOPE trial

- **SCIB1 currently in Phase 2 in combination with ipilimumab and nivolumab, delivered with needle free device, and will transit to iSCIB1+ in Q4 2023**

- **Phase 2/3 adapted registration trial being planned**

Strong pipeline of news flow over next 3 years

		2023	Q1 2024	Q2 2024	2025
Vaccines	**SCIB1/ iSCIB1+** SCOPE	SCIB1 + CPI 9/11 responses	SCIB1 +CPI 27/43 (34) responses iSCIB1+ 9/11 responses	**Phase 2/3 registration study**	**Results of Phase 2 randomised trial**
Vaccines	**Modi-1** ModiFY	Modi-1/CPI & neoadjuvant expansion	Early clinical results		
mAbs	**134 TCB**				**Phase 1/2 ***
mAbs	**GlyMab®/ AvidiMab®**	← Licensing deals →			

* Trial depends upon revenue from antibody deals

Cash runway → **Current cash runway to H2 2024**

CPI: Checkpoint inhibitor
ORR: Overall response rate
PFS: Progression-free survival

Key takeaways from today

Positive data from the first stage in its Phase 2 SCOPE trial with SCIB1 cancer vaccine delivered by needle free injection for advanced melanoma

SCOPE trial surpasses its first milestone with an 82% response rate, better than 70% ORR that the trial was configured to show and higher than the 50% ORR reported in patients achieved in real world setting

Based upon the first 11 evaluable patients there is a **greater than 90% probability that the second phase** will also be successful with the **second stage of SCOPE expected to complete recruitment by the end of 2023 with data available in H1 2024**

In addition to SCIB1, Scancell expects significant results from its other programmes in 2024 including top-line Modi-1 CPI combination data and attractive out-licensing opportunities from the GlyMab® and AvidiMab® platforms.

Thank you

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